

| <b>SCC eFile</b>  | <b>2012 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | <b>212532719</b>                                     |   |                                     |  |           |        |         |
|---|---|--|---|-------------------------------------|--|-----------|--------|---------|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/><b>CBI Research, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/><b>CT CORPORATION SYSTEM<br/>4701 COX RD STE 301<br/>GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/><b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/><b>MA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2012</b></p> <p>SCC ID NO: <b>F1761990</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,400,000</td> </tr> <tr> <td>PREFER</td> <td>300,000</td> </tr> </table> </div> </div> |   |  | CLASS   | AUTHORIZED                          | COMMON   | 1,400,000 | PREFER | 300,000 |
| CLASS   | AUTHORIZED  |  |   |                                     |  |           |        |         |
| COMMON  | 1,400,000   |  |   |                                     |  |           |        |         |
| PREFER  | 300,000   |  |   |                                     |  |           |        |         |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 600 UNICORN PARK DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: WOBURN, MA 01801</p>  |   |  |   |                                     |  |           |        |         |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>   |   |  |   |                                     |  |           |        |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ADELE HARTWICK<br/> TITLE: VP/TREASURER<br/> ADDRESS: 131 WEST FIRST STREET<br/> CITY/ST/ZIP/CO: DULUTH, MN 55802 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |  | NAME: ADELE HARTWICK<br>TITLE: VP/TREASURER<br>ADDRESS: 131 WEST FIRST STREET<br>CITY/ST/ZIP/CO: DULUTH, MN 55802                                       | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR            |           |        |         |
| NAME: ADELE HARTWICK<br>TITLE: VP/TREASURER<br>ADDRESS: 131 WEST FIRST STREET<br>CITY/ST/ZIP/CO: DULUTH, MN 55802   | <input checked="" type="checkbox"/>   | OFFICER <input type="checkbox"/> DIRECTOR            |   |                                     |  |           |        |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WARD HEWINS<br/> TITLE: VICE PRESIDENT<br/> ADDRESS: 600 UNICORN PARK DRIVE<br/> SUITE 400<br/> CITY/ST/ZIP/CO: WOBURN, MA 01801 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |  | NAME: WARD HEWINS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 600 UNICORN PARK DRIVE<br>SUITE 400<br>CITY/ST/ZIP/CO: WOBURN, MA 01801                          | <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR            |           |        |         |
| NAME: WARD HEWINS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 600 UNICORN PARK DRIVE<br>SUITE 400<br>CITY/ST/ZIP/CO: WOBURN, MA 01801  | <input checked="" type="checkbox"/>   | OFFICER <input type="checkbox"/> DIRECTOR            |   |                                     |  |           |        |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOSEPH LOGGIA<br/> TITLE: CEO<br/> ADDRESS: 2501 COLORADO AVENUE<br/> CITY/ST/ZIP/CO: SANTA MONICA, CA 90404 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |  | NAME: JOSEPH LOGGIA<br>TITLE: CEO<br>ADDRESS: 2501 COLORADO AVENUE<br>CITY/ST/ZIP/CO: SANTA MONICA, CA 90404  | <input checked="" type="checkbox"/> | OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |        |         |
| NAME: JOSEPH LOGGIA<br>TITLE: CEO<br>ADDRESS: 2501 COLORADO AVENUE<br>CITY/ST/ZIP/CO: SANTA MONICA, CA 90404  | <input checked="" type="checkbox"/>   | OFFICER <input checked="" type="checkbox"/> DIRECTOR |   |                                     |  |           |        |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALVARO AGUIRRE<br/> TITLE: DIRECTOR<br/> ADDRESS: PO BOX 9620<br/> CITY/ST/ZIP/CO: RANCHO SANTA FE, CA 92067 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |  | NAME: ALVARO AGUIRRE<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 9620<br>CITY/ST/ZIP/CO: RANCHO SANTA FE, CA 92067  | <input type="checkbox"/>            | OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |        |         |
| NAME: ALVARO AGUIRRE<br>TITLE: DIRECTOR<br>ADDRESS: PO BOX 9620<br>CITY/ST/ZIP/CO: RANCHO SANTA FE, CA 92067  | <input type="checkbox"/>  | OFFICER <input checked="" type="checkbox"/> DIRECTOR |   |                                     |  |           |        |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LINDSAY CREEDON<br/> TITLE: DIRECTOR<br/> ADDRESS: 505 FIFTH AVENUE<br/> 17TH FLOOR<br/> CITY/ST/ZIP/CO: NEW YORK, NY 10017 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |  | NAME: LINDSAY CREEDON<br>TITLE: DIRECTOR<br>ADDRESS: 505 FIFTH AVENUE<br>17TH FLOOR<br>CITY/ST/ZIP/CO: NEW YORK, NY 10017                               | <input type="checkbox"/>            | OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |        |         |
| NAME: LINDSAY CREEDON<br>TITLE: DIRECTOR<br>ADDRESS: 505 FIFTH AVENUE<br>17TH FLOOR<br>CITY/ST/ZIP/CO: NEW YORK, NY 10017   | <input type="checkbox"/>  | OFFICER <input checked="" type="checkbox"/> DIRECTOR |   |                                     |  |           |        |         |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHRISTOPHER RUSSELL<br/> TITLE: DIRECTOR<br/> ADDRESS: 350 PARK AVENUE PLAZA<br/> 55 EAST 52ND STREET, 33RD FLOOR<br/> CITY/ST/ZIP/CO: NEW YORK, NY 10055 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |  | NAME: CHRISTOPHER RUSSELL<br>TITLE: DIRECTOR<br>ADDRESS: 350 PARK AVENUE PLAZA<br>55 EAST 52ND STREET, 33RD FLOOR<br>CITY/ST/ZIP/CO: NEW YORK, NY 10055 | <input type="checkbox"/>            | OFFICER <input checked="" type="checkbox"/> DIRECTOR |           |        |         |
| NAME: CHRISTOPHER RUSSELL<br>TITLE: DIRECTOR<br>ADDRESS: 350 PARK AVENUE PLAZA<br>55 EAST 52ND STREET, 33RD FLOOR<br>CITY/ST/ZIP/CO: NEW YORK, NY 10055   | <input type="checkbox"/>  | OFFICER <input checked="" type="checkbox"/> DIRECTOR |   |                                     |  |           |        |         |

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DARRYL SCHALL<br>DIRECTOR<br>2000 AVENUE OF THE STARS<br>12TH FLOOR<br>LOS ANGELES, CA 90067                    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | JEFFREY STEVENSON<br>DIRECTOR<br>350 PARK AVENUE PLAZA<br>55 EAST 52ND STREET, 33RD FLOOR<br>NEW YORK, NY 10055 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | SCOTT TROELLER<br>DIRECTOR<br>350 PARK AVENUE PLAZA<br>55 EAST 52ND STREET, 33RD FLOOR<br>NEW YORK, NY 10055    | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |   |                                  |  |
| /s/ ADELE HARTWICK<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | ADELE HARTWICK,<br>VP/TREASURER<br>PRINTED NAME AND CORPORATE TITLE   | 8/27/2012<br>DATE                |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |   |                                  |  |